

Enclosure 3

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE
PLAN FACE SHEET**

Form No. 1

**MENTAL HEALTH SERVICES ACT (MHSA)
PREVENTION AND EARLY INTERVENTION COMPONENT
OF THE THREE-YEAR
PROGRAM AND EXPENDITURE PLAN
Fiscal Years 2007-08 and 2008-09**

County Name: Siskiyou

Date: 8-24-10

COUNTY'S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON(S):

County Mental Health Director	Project Lead
Name: Lauri Hunner	Name: Arden Carr
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AUTHORIZING SIGNATURE

I HEREBY CERTIFY that I am the official responsible for the administration of Community Mental Health Services in and for said County; that the county has complied with all pertinent regulations, laws and statutes. The county has not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and the administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2007-08, 2008-09 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief the administration budget and all related program budgets in all respects are true, correct and in accordance with the law. I have considered non-traditional mental health settings in designing the County PEI component and in selecting PEI implementation providers. I agree to conduct a local outcome evaluation for at least one PEI Project, as identified in the County PEI component (optional for "very small counties"), in accordance with state parameters and will fully participate in the State Administered Evaluation.

Signature _____

County Mental Health Director

Date

Executed at Yreka, California

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

Instructions: Please provide a narrative response and any necessary attachments to address the following questions. (Suggested page limit including attachments, 6-10 pages)

County: Siskiyou County

Date: 8/24/10

1. The county shall ensure that the Community Program Planning Process is adequately staffed. Describe which positions and/or units assumed the following responsibilities:

The following positions assumed responsibilities in the overall planning process:
Laurie Hunner, Director Behavioral Health Services,
Arden Carr, MHSA System Administrator
Mary Russell; BH Deputy Director-Administration

The Siskiyou County community program planning process for the Prevention and Early Intervention (PEI) component of MHSA was managed by Arden Carr, our county MHSA System Administrator. The PEI plan has its foundation in the original CSS plan. The process consisted of obtaining consumer, consumer family member and stakeholder input, guiding the review of the input, working with sub-committees and consumers to develop recommendations, and finalizing the PEI Plan for submission to the State Department of Mental Health. The planning process included organizing and working with sub-committees for Transitional Aged Youth, Older Adults, which were the age groups consumers identified as priority populations in our initial consumer and family member survey process. Information was used from other MHSA sub-committees as well to ensure coordination with other components. A PEI survey was distributed to key stakeholders, including consumers, family members and providers of services. Pre-planning was done to capitalize on a variety of outreach strategies to reach out to diverse, identified and unidentified consumer and consumer family members from all cultural and ethnic populations who are served, un-served, underserved and inappropriately served. The process continued with analysis of the survey results, focus group notes, Family/Community Resource Center staff and consumer input, review of findings, and obtaining stakeholder input into the identification of high-priority populations then the selection of programs for potential funding concluding with presenting information for revisions and approval. We collected 913 surveys, and conducted 39 focus groups obtaining a broad range of consumer, family member, veterans, older adults and stakeholder input to develop recommendations for PEI funding.

- b. Coordination and management of the Community Program Planning Process
Arden Carr, MHSA System Administrator
Sub-Committee Chairs:
Older Adult; Edie Broce
Transition Age Youth Chairs; Adele Arnold and Sheila Kuck

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Co-Occurring Disorders: Norma March

Sub-committees met to identify needs, formulate potential programs and provide input through out the planning process. A survey was distributed to stakeholders and focus groups were facilitated. Twelve Older Adult meetings were held with twelve follow up meetings at the same locations. Twelve Transition Age Youth focus groups were conducted. Each sub-committee held monthly committee meetings, the third Wednesday at 9 a.m. The Transition Age Youth sub-committee met an additional thirteen times to discuss needs and potential services and programs. The information collected was correlated and analyzed to provide valuable information for the prioritizing of needs and the development of programs and strategies. This process was instrumental in ensuring that consumers, family members, staff, allied agencies, and community members had a voice in expressing their vision for PEI funding.

- c. Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process

Parties responsible: Arden Carr, MHSA System Administrator, Transitional Age Youth sub-committee members, Older Adult sub-committee, the Executive Committee, and the Family/Community Resource Center staff and consumers/consumer family members.

The PEI planning process was designed to facilitate meaningful participation from a broad range of stakeholders. Ten Family/Community Resource Centers, located in ten communities across Siskiyou County were the organizers of our input strategies. In order to reduce access barriers they provided van transportation. Breakfast was provided at early morning meetings and refreshments were provided for meetings later in the day. Their staff is uniquely suited to this task as they are comprised of consumer and consumer family members. The community planning process was conducted over several months and involved county staff, community agencies, clients, and family members. In order to obtain stakeholder input, two separate age specific surveys were developed. The MHSA System Administrator conducted educational opportunities to ensure staff recognized the need to include all groups of diversity; including cultural, gender, GBLT, family structure, ethnicity, disability, socio-economical and age. Our process was inclusive, not exclusive. Surveys created a vehicle for obtaining input from a broader range of individuals, especially for those who were unable to attend an organized event for lack transportation, inclement weather, or other reasons. Input was obtained through a number of different ways, including focus groups, broadly distributed PEI surveys and the initial CSS planning process. In addition, clients who were currently receiving mental health services were invited to complete a PEI survey by staff that attended a treatment session to explain the MHSA and the need for their input. Focus groups included a brief explanation of the PEI funding and an explanation of the concept of PEI; participants were then asked to complete the survey and to share any concerns or needs. Stakeholder meetings were held in easily-accessible community locations. Staff coordinated with other service agencies and clients to solicit feedback and ideas. Specific outreach was made to individuals with serious mental illness (and

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their families and caregivers), as well as to traditionally underserved and unserved populations (e.g., Native American groups, families with young children, youth, agencies serving older adults). The PEI surveys were collected and analyzed to help establish PEI priorities for use in planning and selecting the identified PEI programs and services. Once the informational groups were completed and the survey results were analyzed, the MHSA Over Sight Work Group and the sub-committees met to discuss possible projects. The Over Sight Work Group and the sub-committees are comprised of members from a number of different agencies, as well as clients, family members, and community representatives. The sub-committees were a key piece to this process as they brought together stakeholders with expertise and lived experience in the topic areas of Older Adults, Transition Age Youth and Co-Occurring Disorders. These groups discussed information and potential options and then identified the highest priorities for PEI funding. The PEI stakeholder/community input, results of the informational groups, survey results, and previous information obtained during the initial CSS planning process were used to identify these priorities and develop recommendations for PEI funding. Community capacity and strengths, identified existing strengths of the county and priority populations, and the amount of funding available from PEI were discussed and the group was able to collaboratively identify attainable strategies for services for the priority populations and subsequently select the recommended programs' planning process, four projects were selected for funding. Strategies identified through the Co-occurring Disorders sub-committee have been incorporated into current programs in the CSS plan.

2. Explain how the county ensured that the stakeholder participation process accomplished the following objectives (please provide examples):

- a. Included representatives of unserved and/or underserved populations and family members of unserved/underserved populations

Siskiyou County identified unserved and underserved populations through the CSS planning process. Older Adults and Transition Age Youth were identified as the major priority populations. Our outreach for the planning process was culturally competent and efforts were made to provide information to and solicit information from all consumers regardless of situational characteristics, race, ethnicity, gender, primary language, sexual orientation or special needs. This included contacting community leaders of various culturally diverse groups and personally inviting participation. Additional information was compiled about unserved and underserved populations through a PEI specific process.

The PEI Planning process included:

- Focus groups and informational sessions conducted across the county to gather recommendations from stakeholders.
- Invitations to participate were posted in Family Resource centers, libraries, places of consumer's services.
- Various identified group leaders were contacted by telephone: This strategy ensured that the opinions of unserved and underserved populations were included in the planning process.

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- We also strived to include family members of unserved and underserved populations by utilizing the 10 community/Family Resource centers to publicize and invite consumers and consumer family members to participate.
 - Staff directly and informally engaged under-represented citizens to solicit their input. To reach un/under-served adults, informational groups were held and surveys distributed to individuals involved in different county programs.
 - The surveys were also distributed to the Native American community to obtain input from this important population. In Eastern Siskiyou County efforts were made to reach the larger population of Hispanic citizens. The Family Resource Center Director and Personal Service Coordinator visited the migrant worker facility to distribute information. Information was converted into Spanish.
 - Leadership of diverse community populations was contacted to disperse invitations to attend focus groups and/or complete a survey. Such groups included veterans, college students, seniors, high school students, foster parents, GLBT, youth groups, homeless, consumer family members and currently consumers identified with mental illness.
- b. Provided opportunities to participate for individuals reflecting the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, race/ethnicity and language.

In addition to the areas of diversity mentioned above, the county identified the following additional diversity in our county:

- Geographical diversity:

Siskiyou County is one of the five largest counties in California with an area of 6,300 square miles. The population density is only seven people per square mile and is federally labeled a "frontier county". To reach out to all citizens of Siskiyou County MHSA utilized the 10 Family/Community Resource Centers to promote, advertise, and conduct activities that were as inclusive as possible and appropriate for their communities. Strategies were employed that put the information about MHSA and the planning process out in a variety of ways, such as direct consumer contact, newspaper advertisements, announcements at events, invitation to recognized cultural group leaders, posters at the centers and other community frequented sites. The sub-committees also promoted attendance at focus groups, committee meetings and completing surveys to help gather input. A concerted effort was made to identify and reach out to isolated individuals and groups to invite their participation.

- c. Included outreach to clients with serious mental illness and/or serious emotional disturbance and their family members, to ensure the opportunity to participate.

Small and personal informational groups were held with adults with a serious mental illness and youth with a serious emotional disturbance. Family members were included in informational group and planning activities and were asked to complete a survey. Of the 30 individuals who responded to the question, "Have you or a family member ever received mental health services," over 50% responded 'Yes'. This clearly demonstrated that the planning process included our target population.

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3. Explain how the county ensured that the Community Program Planning Process included the following required stakeholders and training:

- a. Participation of stakeholders as defined in Title 9, California Code of Regulations (CCR), Chapter 14, Article 2, Section 3200.270, including, but not limited to:
 - Individuals with serious mental illness and/or serious emotional disturbance and/or their families
 - Providers of mental health and/or related services such as physical health care and/or social services
 - Educators and/or representatives of education
 - Representatives of law enforcement
 - Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families

We assured the participation of required stakeholders, specifically;

• *Individuals with serious mental illness and/or serious emotional disturbance and/or their families*

The MHSA Executive Committee, sub-committees and Resource Center staff and attendees included consumer and family member representatives. These participants were involved in focus groups, surveys and reviewing the data and survey results, discussing the findings, and providing input on the program selections and recommendations for funding.

• *Providers of mental health and/or related services such as physical health care and/or social services*

Sub-committee members included providers and partner agencies and community based organizations. Surveys were completed by Behavioral Health, Health and Human Services Agency staff (social services, public health), law enforcement agencies, and probation. These groups had opportunities to review plans and provide input.

• *Educators and/or representatives of education*

Representative from local schools across the county, the Siskiyou County Office of Education and the local Community college were part of the steering committees, and were well represented on the sub-committees. Persons working within the schools were involved in our process, such as the Director of ROP, the Director of the Yreka Campus of the College of the Siskiyous and the education specialist for the county jail, and provided input into the development of core recommendations for this plan.

• *Representatives of law enforcement*

Representatives from law enforcement participated in key informant interviews, sub-committee members and attended steering committee meetings. The Chief Probation officer served as Chair of the Transition Age Youth sub-committee until her retirement and the Jail commander has been an important resource for community need identification.

• *Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families*

Community/Resource Centers have been a focal point for organizing, contributing content to the planning process.

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Family members, youth, and adult clients were asked to participate.

Members of the Native American community were also asked to complete a survey, attend focus groups and committee meetings to share their ideas and recommendations.

The veteran's services coordinator was asked to gather input from the veterans and he was invited to attend input sessions and bring veterans. In addition veterans were part of the 663 attendees at the senior breakfast focus groups.

North Valley Catholic Social Services, Heal Therapy, Remi Vista Foster Family Agency and Children's First Foster Family Agency and College of the Siskiyous have played an important role as contract providers for services. They helped to identify needs, provide two way communications with consumers and participate on committees and sub-committees.

- b. Training for county staff and stakeholders participating in the Community Program Planning Process.

The MHSA System Administrator provided training for staff and stakeholders at our Oversight Work Group meetings, Executive Committee meetings, Sub-committee meetings, focus groups and at other community meetings. The Mental Health Services Act and Prevention and Early Intervention were covered and sources for more information were identified. 37 focus groups were conducted, all of which opened with the training. Annual staff training included the training with subsequent updates and refreshers.

4. Provide a summary of the effectiveness of the process by addressing the following aspects:

- a. The lessons learned from the CSS process and how these were applied in the PEI process.

We utilized the learning experiences gained in our initial CSS planning process to develop and implement the PEI planning process. It was identified early on that to get the best participation the PEI planning process would have to go to where the people are. The regularly scheduled steering committees meet at a central location. The focus groups took place at Community/Family resources centers, restaurants, and the location of the host group's regular meetings. The community is now familiar with MHSA planning activities. Our allied agencies and community organizations are willing participants in gathering stakeholders for meetings, distributing and collecting surveys, and providing feedback about proposed programs and services. Community members participated in organizing groups and assisting individuals to complete the surveys. The experience from the CSS planning process helped us to better inform the community of opportunities for input, as well as identify appropriate locations for holding meetings. We also have a better understanding of the unserved and underserved individuals in our community. This knowledge helps to improve our outreach efforts and to ensure that we are focused on the inclusion of these individuals in informational groups and distribution of surveys. We have formed stronger relationships with these groups and

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now have a history of inclusion and collaboration in our efforts to obtain information from these key populations.

We did face the challenge of maintaining interest in the specific components as we have a small population to draw from and they are often inundated with requests to attend meetings. We found that contacting those with a vested interest helped, as did capitalizing on individuals respected by the target population to help organize and conduct meetings. Taking the focus groups and the surveys to the participants proved successful. The utilization of sub-committee helped to get those truly interested in the planning process to become informed, participate and to get feedback regarding the value of their input.

A major challenge was to narrow the recommendations into a doable plan based on the funding available. It was necessary to assure participants that all of the ideas were evaluated and prioritized in an open and fair forum. With many resulting ideas being incorporated into other services, agencies and programs.

- b. Measures of success that outreach efforts produced an inclusive and effective community program planning process with participation by individuals who are part of the PEI priority populations, including Transition Age Youth.

Our program planning process reached representatives from unserved/underserved communities. The PEI specific focus groups were held comprised of 24 Older adult meetings, with 663 attendees and 13 Transition Age Youth focus groups, with 253 attendees. A total of 913 topic specific surveys were collected and analyzed. Sign in sheets documented participation and the surveys attempted to collect demographics. While many respondents did not complete the demographical section of the survey many did indicate they represented a broad base of ethnicities including; White, Hispanic, African American, Asian, Native American and Other. Culturally diverse groups were notededly represented as respondents indicated GLBT, migrant worker, or agricultural worker.

Our planning process reached:

- Consumers, consumer family members, services providers, and county staff and diverse populations' representatives.
- Older adults, across the county:
- Transition Age Youth at high schools, youth groups, juvenile hall, community college, consumer groups, and foster care youth.
- Providers, including Health Therapy (Horse Program), North Valley Catholic Social Services, Remi-Vista and Children's 1st; Foster Family Agencies, Human Services, Community/Family Resource Centers, Karuk Tribe, Quartz Valley Tribe and Church representatives.
- Educators from high schools, alternative schools, adult education, tribal education programs, Siskiyou County Office of Education program specialists and group homes.
- Law enforcement; Siskiyou County Sheriff's Department, Siskiyou County Jail, and the Siskiyou County Probation.

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- Other Organizations were; Community/Family Resource Centers, PSA II Area on Aging, and the Senior Peer to Peer program.

5. Provide the following information about the required county public hearing:

- a. The date of the public hearing:

Siskiyou County is required to have one Behavioral Health Services Board public hearing on all pending MHSA grant request. The Behavioral Health Services Board scheduled four regional public hearings. The regional public hearings were located at the Family/Community Resource Centers in Yreka, Happy Camp, Weed and Tule Lake. Unfortunately, the Weed public hearing had to be canceled due to a snow storm. This is the report on the 30 day public review and the three public hearings feedback and County MHSA team response. The events were scheduled on April 19, 20, 21, & 22, 2010.

- b. A description of how the PEI Component of the Three-Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any other interested parties who requested it.

The public hearing dates and locations, along with the Siskiyou County MHSA Web page address was posted in three newspapers from March 12, 2010 through April 16, 2010. The newspapers were the Siskiyou Daily News, The Mt. Shasta Herald, and the Klamath Falls Herald and News. In addition MHSA grant hard copies were available at the three Behavioral Health Services, eleven County libraries, and ten Family Community Resource Center sites during the same time frame. Electronic copies of the five grants were also sent to all Family/Community Resource Center Task force members, MHSA Sub-committee, and MHSA Executive Committee members for thirty day review. The Siskiyou County MHSA Web page received 268 hits during the review period.

The review process of the five MHSA grants was very favorable with frequent comments about the appropriateness of services, the easy access to services through the Family/Community Resource Centers, and the flexible service responses to community member identified needs.

- c. A summary and analysis of any substantive recommendations for revisions.

The following substantive recommendations were made. Each is followed by the county's response:

There were no changes requested for the Prevention and Early Intervention application.

The county made the following changes based on recommendations received during the public hearings:

There were no changes requested for the Prevention and Early Intervention application.

- d. The estimated number of participants:

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Siskiyou County had 24 County residents who participated in the three Siskiyou County Behavioral Health Services Board MHSA Public Hearings. The demographics for the participants are as follows:

Gender

15 Females

9 Males

Age Groups

5 Older Adults

19 Adults

1 Transition Age Youth

Ethnicity

19 Caucasian

5 Native Americans

1 Latino

1 African American

Community Identification

3 Consumers

3 Consumer Family members

9 Community members

3 Faith Community

2 Community Agency members

8 County Staff

2 Others

Note: County mental health programs will report actual PEI Community Program Planning expenditures separately on the annual MHSA Revenue and Expenditure Report.

PEI PROJECT SUMMARY

Form No. 3

County: Siskiyou **PEI Project Name:** PEI Mobile Services Project **Date:** 8-24-10

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Stigma and Discrimination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

Stakeholder input was gathered through focus groups, surveys, sub-committee meetings, stakeholder meetings, key informant interviews and public and staff meetings. This information was collated and dispersed through sub-committee meetings, stakeholder meetings, email lists, meeting minute's distribution and public and staff meetings. All input was solicited and welcomed. Notes were taken at meetings, email addresses and phone numbers were provided for input directly to MHSA staff. The information was reviewed and analyzed by MHSA administrative staff, including the MHSA System Administrator and an experienced program analyst and then formulated into grant specific formats. This information was again distributed, and substantive input was reviewed and incorporated where appropriate. Input was solicited from DMH/CIMH program specialist and a project plan was produced.

A sub-committee; was formed specifically to gather input for the development of the Transition Age Youth portion of our PEI plan.

3. PEI Project Description: (attach additional pages, if necessary)**Action Statement:**

This strategy will provide prevention and early intervention services for consumers experiencing mental health issues in Siskiyou County

Meeting Community Needs:

Mental Health consumers need to receive help where they feel *comfortable to receive it*. They are often resistant to keeping appointments or even reaching out for help. Through our stakeholder meetings and focus groups community members identified high schools, the local community college campuses, the jail, juvenile hall and Family or Community Resource Centers as locations in which consumers are assessable and will be open to receiving prevention and early intervention services. Collaboration with schools, county agencies, community agencies and health agencies will facilitate the ability to respond in these locations.

Population:

This project will serve Transition Age Youth (ages 16-24) and Adults (25-59) and their family members through out Siskiyou County. This program will include meeting the definition of Specialized Programs for Youth and Transition Age

PEI PROJECT SUMMARY

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Youth as described in enclosure six of the MHSA PEI Resource Materials on page 31. As per this description, this program is intended to be a unique, transformational program for transition age youth at risk of developing a psychotic illness. It is important to note that this program will address those in an “At Risk Mental Health State” (ARMS). The participants have not yet been diagnosed with a psychotic illness and not all participants will go on to develop a psychotic illness. The priority population includes consumers whose mental health status (ARMS) and lives have become compromised affecting their ability to perform normal life tasks and the responsibilities necessary to be independent and self-reliant. Their ARMS will be serious enough to disrupt their lives and keep them from achieving their mental health and/or personal goals.

Location

The MHSA Personal Service Coordinators (PSC) will operate out of the Family/Community Resource Centers located in 10 communities, which are consumer and family friendly, easily accessible with regard to public transportation, hours of operation, and access to other agency and community services. PSC’s will travel to various locations such as high schools, college campuses, juvenile hall, or the jail, where consumers need help within Siskiyou County. This strategy will allow staff to do outreach wherever consumers need assistance, the Family or Community Resource Centers will provide office space for the PSC and offer space where consumers will feel comfortable and welcome.

The PEI Mobile Services Project will provide a range of prevention/early intervention services focused on supporting consumers to meet their goals for mental health progress and stability and to transition to independence in five key areas:

- referrals for Clinical services for mental health improvement and stabilization.
 - Independent Living Skills including fiscal management, housing acquisition and maintenance, and health-related supports and services.
 - Education and Vocational Training services including subject/career exploration, campus visits, training program identification, linking training to jobs.
 - Employment services including career and job interest and skills assessment; academic supports; employment readiness; job availability, acquisition, and retention.
 - Socialization opportunities, identification of fun and healthy activities, and development of social supports and friends.
- PEI Mobile Services Project staff will respond to the needs of consumers. Services could include assessment and individualized case management plans in the areas of suicide prevention and crisis stabilization support; mental health early intervention services including medication support; development of independent life skills (budgeting/money management, housing support, job and employment support); volunteer work; social skill development; family connections; transportation support; referrals and connection to other agencies; and assistance with navigating “the system.” Services would be provided in the community, schools, homes, juvenile hall, jail, and job sites, Family or Community Resource Centers.

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The PEI Mobile Services Project PSC's will travel to designated locations where consumers are in need of service. Consumers will also be encouraged to come into the Family or Community Resource Centers to access other services that meet their needs. The Family or Community Resource Centers will also serve as a safe environment where families and Consumers can meet when the home is not appropriate. The Project PSC's will use the Family or Community Resource Centers as a resource for other activities when appropriate for any consumers they contact in the community. Collaboration with other consumer service agencies and groups that provide diverse, consumers centered, and family focused services will be identified and utilized. Efforts will be made to ensure that consumers from diverse racial, ethnic, and cultural groups feel welcome and comfortable with the PEI Mobile Services Project. In particular, groups at risk for suicide will be a priority to ensure all consumers including gay, lesbian, bisexual, transgender, and questioning consumers have access to these services given the high risk of suicide and trauma-related discrimination these consumers experience. Siskiyou County residents predominately speak English. Bilingual and bicultural staff will be recruited to ensure the county threshold language of Spanish, are served. Services in other languages will be developed as needed.

The primary routes for consumers to the project will include:

- Referrals to the PEI Mobile Services Project from a variety of sources, the consumer, family members, schools, health care providers, county agencies, and services providers.
- School personnel from the Community College and high schools throughout the county will have direct access and receive orientation for referrals to the PEI Mobile Services Project.
- Incarcerated consumers. A PSC from the PEI Mobile Services Project will meet with the consumer as early as possible prior to their return home and begin to design a plan for success. Building a relationship with the consumer and family members will help to ensure that the appropriate services are provided prior to release and after the consumer returns to their community.
- Youth aging out of the foster care system. Social Service staff, foster care agencies, faith based community, schools, family and peers may also refer youth in an "At Risk Mental Health State" (ARMS) to the PEI Mobile Services Project when they are aging out of the foster care system. This need was identified as a priority during our community planning process, parents and youth emphasized the unique needs of Transition Age Youth (TAY) The PEI Mobile Services Project PSC will get to know the youth and their family(Biological, and/or Foster). Through this relationship building an appropriate plan for services will be developed along with the appropriate individualized services. Services will be specifically designed to for consumers who may be resistant to services and who are in an "At Risk Mental Health State" (ARMS) that keep them from participating successfully in their family or school, with their friends, and in meeting their life goals. Modalities such as therapy and harm reduction may be used to work realistically with these consumers. If an evaluation for psychotropic medication is indicated, the MHSA clinician will liaise with the appropriate medical professional.

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The PSC's will work with consumers to accomplish their goals for mental health improvement and related issues. They will meet with consumers wherever needed. Co-occurring drug and alcohol issues are expected to be a factor in 80% of the cases, therefore, case managers and the clinician will make referrals to the appropriate services. Another key area of focus will be training for and getting jobs. Education support will include support to return to or stay in school, tutoring, GED, college preparation, and support.

Families involved in the community planning process stated a need for help especially during times of conflict and uncertainty with their family members. For consumers who have family contact and/or support, family members can receive support from the PSC. The PEI Mobile Services Project PSC may do outreach and make visits to parents whose youth are in the PEI Mobile Services Project. They will assist with accessing services, and coaching on successful methods to respond to and help Consumers as they work to solve their problems.

Suicide prevention, mental illness and co-occurring disorders education will be provided to consumers and family members to decrease self applied stigma, as well as overall stigma and discrimination related to mental health issues.

Actions (with frequency and duration):

Screening: The Personal Services Coordinator will conduct an intake screening at the initial meeting with the consumer to determine services needed. Screening will consider the referral needs for their mental health issues and identify their access to other services. If the consumer is able to access other services, they will be referred to that service.

Assessment: A referral to the MHSA Clinician will be made when the consumer indicates that they would like assistance,

Goal Setting: Goals and interventions will be developed based on specific individual-driven priorities in the five key areas of program emphasis (mental health services, independent living skills, education and vocational training, employment, and socialization), and others that may be identified by the consumer.

Support Services: CSS support services and other community based services will be utilized to assist the consumer in achieving their plan and will be provided in the community and will involve not only direct assistance to the consumers but also coordination with other agencies. Offering services such as use of the Internet, domestic violence support and prevention, healthy lifestyle education, library resources, and a study area are available through the partnering Family or Community Resource Center.

Basic Needs Stabilization: Assistance to find stable housing is available through the MHSA CSS and the MHSA Long term housing component. Consumers will receive assistance in learning skills necessary to maintain their own housing, including development of income. PSC's will have contact with consumers regularly to offer support and help them solve problems. For medical and other health-related issues, information and referral to a range of traditional and non-traditional health care providers will be provided. Nutrition and transportation needs will be determined for all consumers, with a plan put in place to access food if not living at home and transportation to get to services, job, and school.

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Milestones w/Timeline

Action	Milestone	Timeline
Convene stakeholders to ensure stakeholder participation in program implementation and to ensure that community needs are met in the most appropriate and desired way.	Stakeholders have met	May–November 2009
Program implementation	A program implementation plan has been developed and is being executed	September 2010
Meet with FRC Directors to identify how to collect data to determine if intended outcomes are met; and to identify reporting needs and timelines	Data collection and reporting needs and timeline have been established	September 2010
Hire Staff	Staff is hired	September 2010
Finalize agreements with agencies to allow PSC access to potential consumers, and space to meet confidentially if needed.	Sign documents, identify access and/or space.	October 2010
Establish referral process and protocols. Include protocol to create and utilize feedback loop from consumers, families, service partners, and the community	Meet with project team	October 2010
Educate community and partners about services	Education presented	October 2010 and ongoing
Outreach and education to consumers	Outreach and education conducted	November 2010 and ongoing
Create goal-oriented, strength-based plans with consumers and implement and monitor plan progress	Plans have been created, implemented, and monitored	November 2010 and ongoing
Program Progress Report by FRC/CRC Directors	Report to Executive Committee	March 2011
Participate in regular meetings with other PEI services to develop effective collaborative relationships and problem-solve implementation challenges.	Staff participate in regular PEI Committee meetings	Ongoing
Program evaluation	Evaluation report complete and has been reviewed MHS Over Sight Work Group.	June 2011

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4. Programs

Program Title: PEI Mobile Services Project	Proposed number of individuals or families through PEI to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
PEI Mobile Services Project	Individuals: 0 Families: 0	Individuals: 0 Families: 0	0
TOTAL PEI PROJECT ESTIMATED <i>UNDUPLICATED</i> COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 0 Families: 0	Individuals: 0 Families: 0	0
Projected ANNUAL count of individuals to be served:			
PEI Mobile Services Project	Individuals: 50-75 Families: 25-35	Individuals: 50-75 Families: 25-35	
TOTAL PEI PROJECT ESTIMATED <i>UNDUPLICATED</i> COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 60 Families: 20	Individuals: 60 Families: 20	0

4b. Alternate Programs

- ☐ Please check box if any of the programs listed above are not in the PEI Resource Materials. Attach a narrative providing a rationale for selecting the alternate programs (refer to Instructions for Form No. 3).

5. Linkages to County Mental Health and Providers of Other Needed Services

Our PEI Projects were designed in an inclusive planning process that included county and private providers of health, and mental health services. We believe that these community partner agencies are key partners in the strengthened network of care we are building. As a result, our project contracts with the Siskiyou County Family/Community Resource Centers in 10 communities spread through out the county. Our programs will require specific and formal referral linkages to assessment and treatment resources when participants believe that more extensive treatment is needed. The primary

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functions of our PEI projects utilize Personal Services Coordinator from the Family/Community Resource Centers.

Personal Service Coordinator and case managers do not perform counseling, therapy or psycho-therapy. These referral mechanisms will include access to community services, private or public mental health service providers, or MHSA programs established under the CSS program.

This PEI Project will include specific and formal referral linkages to the following services. All these agencies have been involved in the PEI community planning process as key informants and stakeholders, and have stated they are interested in participating in ongoing development and implementation of our MHSA projects and programs.

- Substance abuse diagnosis and treatment providers:
 - Behavioral Health Services AOD programs
 - Karuk Tribal Health Clinic
- Domestic violence prevention and intervention
 - Siskiyou Domestic Violence and Crisis Center
- Social services, including food, income support and protective services
 - Siskiyou County Human Services
 - North Valley Catholic Social Services
 - Remi Vista Foster Family Agency
 - Children 1st Foster Family Agency
 - Siskiyou County Food Pantry, Mt. Shasta Food Panty
 - Madrone Senior Program
- Employment training and referral
 - Siskiyou Training and Employment Programs
 - Jefferson Economic Development Institute (JEDI)
- Housing assistance and emergency support
 - North Valley Catholic Social Services
 - 10 Family/Community Resources Centers: Dunsmuir Kid's Factory Family Resource Center, Happy Camp Family Resource Center, McCloud Community Resource Center, HUB Communities Family Resource Center, Mt. Shasta Community Resource Center, Scott Valley Family Resource Center, Tulelake/Newell Family Resource Center, Weed community Resource Center, Choices for Children Yreka Family Resource Center, Butte Valley Community Resource Center.
 - Siskiyou County Human Services

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We have sufficient activities/programs to achieve the program/system outcomes we have listed in question 7. Our collaborative activities (outlined in question 6 below) are partnered with existing programs and can leverage resources that will assure we can implement the program(s) we have selected with fidelity and that the program(s) will achieve our objectives. These leveraged and collaborative resources include the following:

- Additional funds
- Assigned staff
- Added services to program participants
- Specific contributions, such as transportation, food, childcare
- Facilitated referrals

For example, in our early intervention program to serve older adults (Older Adult Integrated Services Program), our partnership with the Family/Community Resource Centers provides access to a comprehensive listing of local, county and state resources and through local funding from community, county and state programs center funded programs and MHSA CSS funded programs such as Drop-In-Centers, and through local funding from resource center funded or local community funded programs; exercise classes or soup kitchen programs, and MHSA CSS funded Personal Service Coordinators. Other programs such as the Senior Program will be a resource that can partner to provide transportation for program participants; and will contribute to making programs accessible to older adults. Such services provided by community organizations have strong credibility when providing services to the most vulnerable older adults in our service area.

6. Collaboration and System Enhancements

This project will be operate under a contract, MOU or interagency agreement administered by the Community Services Counsel (CSC) and by the following partner agencies: College of the Siskiyous, Yreka, Weed, Mt. Shasta, McCloud, Dunsmuir, Doris and Etna High Schools, Siskiyou County Jail, Siskiyou County Probation. Partner staff and program staff will collaborate to identify consumers and consumer family members in need of MHSA PEI project services, provide an appropriate on site location for the PSC to work from while on project site, will communicate agency specific protocols, rules and regulations that affect the PSC, project clients and the interface of the project with the agency and their constituents.

Outreach and identification of participants will be collaborated with the following agencies/community groups: Siskiyou County Jail, Siskiyou County Probation, College of the Siskiyous, Yreka, Weed, Mt. Shasta, McCloud, Dunsmuir, Doris and Etna High Schools, The Community Services Counsel, and the Siskiyou County Office of Education Regional Occupational Program, Local Health clinics and private physicians, community programs, Siskiyou County Human

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Services, Heal Therapy, North Valley Catholic Social Services, and any other appropriate source such as family members, community programs, local business and other consumers.

Individuals participating in this project will need and want additional services in some cases. Referral protocols will be based upon the current referral protocols of the approved MHSA CSS Personal Service Coordinator program in conjunction with the agency specific policies and procedures. Such protocols will adhere with all state and federal regulations including HIPAA and juvenile law.

Monitoring of outcomes will be done in a collaborative process that includes the MHSA Oversight Committee, and the Executive Committee. This process will allow us to consider future extension of this project or other programs to achieve desirable individual, system and community outcomes.

We anticipate that this program will be an ongoing PEI project, depending on community review at periodic intervals, and assessment of the extent to which this project meets the identified individual, system and community outcomes. Our direct partnership with the Family/Community resource center in which the Personal Service Coordinators are located, incorporates the leveraging of community based services, programs and funding for the inclusion of MHSA PEI and CSS consumers and consumer family members. This familiar relationship will assist in program sustainability and local acceptance.

7. Intended Outcomes

We anticipate that this PEI Program will result in the following additional system outcomes: Increased collaboration with partner agencies measured by coordinated service plans. Improved utilization of mental health resources resulting in reduced duplication of services and/or confusion by the consumer, measured by increased service for behavioral health treatment in community settings.

We anticipate that this PEI project will result in positive community outcomes, such as increased awareness of Community/Family Resource Centers which offers a variety of services and resources for all age groups, cultures, ethnicities and individual or family life structure. Increased awareness of mental health and its importance in daily life coupled with a reduction in the stigma associated with mental health issues. There will also be a positive outcome with the schools in which greater numbers of transition age youth and adults and older adults will have an increased

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awareness of how to help themselves be successful through mental health care and understanding. All age groups, ethnic groups and culturally diverse groups will become aware of the resources in their community,

8. Coordination with Other MHSA Components

Coordination with CSS includes the following mechanisms:

- Individuals identified by the Outreach and Engagement portion of this program who can appropriately be served by this project will be referred following current CSS/BHS protocols.
- By utilizing the staffing established through the CSS programs the PEI service projects will collaborate seamlessly with current operations while maintaining the appropriate integrity of PEI. Staff from this program will meet regularly with the implementation staff of other MHSA components.

Coordination with Workforce Education and Training:

- Our Workforce Education and Training Plan includes training funds for staff and volunteers in the skills and techniques necessary to implement this program.
- Our Workforce Education and Training Plan includes training funds to assist partner agencies in the skills and techniques necessary to implement this program.

Coordination with Capital Facilities and Technology:

- Our Capital Facilities plan is not yet complete. We will include PEI project needs in our assessment as we develop that plan.
- *Our current Technology plan will allow us to update our data collection, case management and evaluation capacity across the MHSA components including PEI.*

9. Additional Comments (optional)

PEI Revenue and Expenditure Budget Worksheet

Form
No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: Siskiyou

Date: 8/24/10

PEI Project Name: PEI Mobile Services Project

Provider Name (if known):

Intended Provider Category:

Proposed Total Number of Individuals to be served: FY 10-11 30 FY 11-12 60

Total Number of Individuals currently being served: FY 10-11 0 FY 11-12 60

Total Number of Individuals to be served through PEI Expansion: FY 10-11 30 FY 11-12 60

Months of Operation: FY 10-11 4 FY 11-12 12

We understand that we are requesting funds from 08/09 and 09/10 and are expending them in 10/11 and 11/12

		Total Program/PEI Project Budget		
Proposed Expenses and Revenues <i>from these years</i>		FY 08-09	FY 09-10	Total
A. Expenditure		FY 10/11	FY 11/12	
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages				
.33 FTE PEI Project Coordinator		\$19,305	\$19,305	\$38,610
				\$0
				\$0
b. Benefits and Taxes @.33 for Coordinator		\$ 7,884	\$ 7,884	\$15,768
c. Total Personnel Expenditures		\$27,189	\$27,189	\$54,378
2. Operating Expenditures				
a. Facility Cost		\$0	\$0	\$0
b. Other Operating Expenses		\$12,151	\$13,751	\$25,902
c. Total Operating Expenses		\$12,151	\$13,751	\$25,902
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
.50 FTE North County PSC		\$17,680	\$17,680	\$35,360
.50 FTE South County PSC		\$17,680	\$17,680	\$35,360
		\$0	\$0	\$0
a. Total Subcontracts		\$35,360	\$35,360	\$70,720
4. Total Proposed PEI Project Budget		\$74,700	\$76,300	\$151,00
B. Revenues (list/itemize by fund source)				
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
1. Total Revenue		\$0	\$0	\$0
5. Total Funding Requested for PEI Project		\$74,700	\$76,300	\$151,00
6. Total In-Kind Contributions		\$0	\$0	\$0

BUDGET NARRATIVE MHSA PEI MOBILE SERVICES PROJECT

ESTIMATED PERSONNEL

Employee Salary and Wages

Costs for salaries and wages amount to **\$54,378**. It includes costs for:

PEI Coordinator .33 FTE at \$19,305 per year

The function of this position would be to provide PEI supervision, administrative oversight and clinical supervision.

Employee Benefits: Benefits and Taxes. Benefits are estimated at **\$7,884 per year** and include FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes.

Sub Contract: Professional Services: *These positions are consumer or consumer family member filled by contract with the Community Services Counsel.*

Personal Services Coordinator: 2 positions @ .50 FTE = \$35,360 per year totaling \$70,720

The function of this position will be to provide support and case management services with the goal of assisting consumers to accomplish their goals for mental health improvement and improving life functioning.

OPERATING EXPENSES

Total Operating Expenses amount to **\$25,902 for two years** and will include.

A. Mileage for PSC to travel to consumer locations.

B. Other Operating Expenses. Other operating expenses are costs for 2 PSC's: Office supplies, training and travel, cell phone stipend, copying, and client contact costs.

We have budgeted \$12,151 in year one and \$13,751 in year two as we anticipate more clients in the second year resulting in slightly higher travel and client contact costs.

TOTAL PROPOSED PEI BUDGET: \$74,700 for 10/11 and \$76,300 for 11/12

TOTAL FUNDING REQUESTED FOR PEI PROJECT; \$151,000 for two years.

NOTE: Counties will be required to report PEI expenditures actually incurred by PEI project and by each PEI provider on the Annual Revenue and Expenditure Report which is due December 31 following the end of the fiscal year.

PEI Administration Budget Worksheet

Form
No.5County: SiskiyouDate: 8/24/10

We understand that we are requesting funds from 08/09 and 09/10 and are expending them in 10/11 and 11/12		Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2010-11	Budgeted Expenditure FY 2011-12	Total
A. Expenditures						
1. Personnel Expenditures						
a. PEI Coordinator		.33	\$19,305	19,305	\$38,610	
b. PEI Support Staff					\$0	
c. Other Personnel (list all classifications)					\$0	
North County PSC	.50	.50	\$17,680	\$17,680	\$35,360	
South County PSC	.50	.50	\$17,680	\$17,680	\$35,360	
					\$0	
					\$0	
d. Employee Benefits			\$7,884	\$7,884	\$15,768	
e. Total Personnel Expenditures	1.0	1.33	\$62,549	\$62,549	\$125,098	
2. Operating Expenditures						
a. Facility Costs			\$0	\$0	\$0	
b. Other Operating Expenditures			\$12,151	\$13,751	\$25,902	
c. Total Operating Expenditures			\$12,151	\$13,751	\$25,902	
3. County Allocated Administration						
a. Total County Administration Cost	15%		\$0	\$0	\$0	
4. Total PEI Funding Request for County Administration Budget			\$0	\$0	\$0	
B. Revenue						
1. Total Revenue					\$0	
C. Total Funding Requirements			\$74,700	\$76,300	\$151,000	
D. Total In-Kind Contributions			\$0	\$0	\$0	

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

**Form
No. 6**

Instruction: Please provide a listing of all PEI projects submitted for which PEI funding is being requested. This form provides a PEI project number and name that will be used consistently on all related PEI project documents. It identifies the funding being requested for each PEI project from Form No. 4 for each PEI project by the age group to be served, and the total PEI funding request. Also insert the Administration funding being requested from Form No.5 (line C).

County:	Siskiyou
Date:	8/24/10

#	List each PEI Project	Fiscal Year			Funds Requested by Age Group			
		FY 08/09	FY 09/10	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
	PEI Mobile Services Project	\$74,700	\$76,300	\$0	\$0	\$90,600	\$60,400	\$0
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
	Administration 15%			\$0				
	Total PEI Funds Requested:	\$74,700	\$76,300	\$151,000	\$0	\$90,600	\$60,400	\$0

*A minimum of 51 percent of the overall PEI component budget must be dedicated to individuals who are between the ages of 0 and 25 ("small counties" are excluded from this requirement).

Instructions for Completing the Local Evaluation of a PEI Project (Form No. 7)**County:****Date:**

- ☒ Check this box if this is a “very small county” (see glossary for definition) and the county is electing the option to waive the requirement to conduct a local evaluation of a PEI project. Very small counties electing this option do not need to complete the remainder of this form.